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Bib Data Sheet

CONFIRMATION NO. 7279

SERIAL NUMBER 10/075,121	FILING DATE 02/13/2002 RULE	CLASS 710	GROUP ART UNIT 2181	ATTORNEY DOCKET NO. Q02-1031-US1
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APPLICANTS

Thomas Bolt, Encinitas, CA;
William G. Moon, Provo, UT;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/07/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Robert A Saltzberg
MORRISON & FOERSTER LLP
425 Market Street
San Francisco ,CA 94105

TITLE

Use of the universal serial bus as an internal architecture within IDE disk array

FILING FEE RECEIVED 996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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** CONTINUING DATA ***** _____ None					
** FOREIGN APPLICATIONS ***** _____ None					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/07/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
ADDRESS DEBRA CHUN QUANTUM CORPORATION 501 SYCAMORE DRIVE MILPITAS, CA 95035					
TITLE Use of the universal serial bus as an internal architecture within IDE disk array					
FILING FEE RECEIVED 996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		